Please check one response for each item.

1. I’ve been told I frequently stop breathing or have interrupted snoring when I sleep
   * Yes
   * No
2. I feel sleepy during the day, even if I sleep at night
   * Yes
   * No
3. I often awaken with a dry mouth
   * Yes
   * No
4. I frequently awaken with headaches
   * Yes
   * No
5. I am being treated for, or have high blood pressure
   * Yes
   * No
6. I have suddenly felt weak, or go limp when angered, surprised, overjoyed, or frightened
   * Yes
   * No
7. I have awakened unable to move, yet seemed awake
   * Yes
   * No
8. I have problems falling asleep more than 3 nights a week
   * Yes
   * No
9. I wake up earlier in the morning than I would like
   * Yes
   * No
10. Thoughts often race through my mind and keep me awake
    * Yes
    * No
11. I wake during the night and can’t fall back asleep
    * Yes
    * No
12. I’ve been told that my arms or legs jerk or kick while I am sleeping
    * Yes
    * No
13. I have “Creepy crawly” sensations in my legs when lying in bed
    * Yes
    * No
14. I find it extremely difficult to keep my legs or feet still when sitting down or lying quietly and often have to walk or move for relief
    * Yes
    * No
15. I am bothered by recurring frightening or bad dreams
    * Yes
    * No
16. I frequently sleep-walk or behave unusually during sleep
    * Yes
    * No
17. I often awaken with heartburn or a sore throat
    * Yes
    * No
18. I awaken from sleep with coughing or wheezing
    * Yes
    * No
19. I wake up terrified in the middle of the night and don’t know why
    * Yes
    * No
20. I often find myself unintentionally falling asleep or almost falling asleep during the day
    * Yes
    * No
21. I have difficulty waking up in the morning
    * Yes
    * No
22. I cannot stay awake early in the evening
    * Yes
    * No
23. My friends, family, or coworkers often tell me I look sleepy
    * Yes
    * No
24. I often feel so sleepy I require a nap during the day
    * Yes
    * No
25. My waking or rising hours are different depending on my schedule and social life
    * Yes
    * No
26. My bedroom is warm or often noisy
    * Yes
    * No
27. I never rotate or flip my mattress
    * Yes
    * No
28. I drink alcohol within two hours of bedtime
    * Yes
    * No
29. I have caffeinated coffee, tea, colas, or chocolate after 6pm
    * Yes
    * No
30. I do not exercise on a regular basis
    * Yes
    * No
31. When I cannot fall asleep or remain asleep I stay in bed and try harder
    * Yes
    * No
32. I often read or view frightening/troubling books, newspaper articles, or TV programs right before bed
    * Yes
    * No
33. I often watch TV, work/play on the computer, or use my smartphone within one hour of bedtime
    * Yes
    * No
34. My partner keeps me awake with his/her snoring
    * Yes
    * No
35. My bed partner tosses and turns or kicks/hits me during his/her sleep
    * Yes
    * No
36. I argue with my bed partner in bed
    * Yes
    * No